Dec-02-2084 03:59pm From-GOODNIN PROCTER OPITRAL FAX CENTER 9738924643

T-804 P.008/007 F-803

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Approved for use through 07/31/2008, OMB 0851-0031

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| PE | TITION | FOR E | TENSION OF TIME UNDER | Docket Number (Optional) | | | |
|---|---|----------|---|--|------------------|--------------|--|
| | | (fee | FY 2005 4 effective on ar after October 1, 2 | (okf) 0691-018A/GP; (new) 105492-478-CON | | | |
| Арр | lication | |)9/447,490 | Filed November 23, 1999 | | | |
| For Process for Producing Carbamazepine | | | | | | | |
| Art | Unit 16 | 24 | | Examiner Thomas C. McKenzie | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | |
| | _ | | | <u>Fee</u> | Small Entity Fee | | |
| | Ц | One mo | nth (37 CFR 1.17(a)(1)) | \$110 | \$65 | \$ | |
| | Ø | Two mo | nths (37 CFR 1.17(a)(2)) | \$430 | \$215 | s <u>430</u> | |
| | | Three if | onths (37 CFR 1,17(a)(3)) | . \$980 | \$490 | \$ | |
| | 0 | Four mo | inths (37 CFR 1.17(a)(4)) | \$1530 | \$765 | \$ | |
| | | Five mo | nths (37 CFR 1.17(a)(5)) | \$2080 | \$1040 | 5 | |
| | Applicant claims smell entity status. See 37 CFR 1.27. | | | | | | |
| | A check in the amount of the fee is enclosed. | | | | | | |
| | Payment by credit card, Form PTO-2038 is attached. | | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| Ø | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0923 I have enclosed a duplicate copy of this sheet | | | | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| I am the applicant/inventor. | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | |
| | Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | |
| | attorney or agent of record. Registration Number 46,406 | | | | | | |
| | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | | |
| | Jec. 2. | | | | | . >004 | |
| _ | Signature | | | | <u></u> | ate | |
| _ | Eva Tan | | | | 973-422-7904 | | |
| | Typed or printed name | | | | Telephone Number | | |
| NOTE: Signatures of oil the Inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| Ø | Totals do tabilitade. | | | | | | |
| his collection of information is required by 37 CFR 1,135(a). The information is required to obtain or retain a benefit by the public which is to fite (and by the | | | | | | | |

OSP10 is processy an approximan. Considernality is governed by 35 U.S.C. 122 and 37 CER 1.11 and 1.14. This collection is estimated to take 8 inhalities to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any committed in the amount of time your regulate to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-900-PTO-9199 and select option 2.

PAGE 617 ' RCVD AT 12/2/2004 2:57:43 PM [Eastern Standard Time] " SVR:USPTO-EFXRF-110 " DNBS:9729306 " CSB::9739924643 " DURATION (mm-ss):02-06

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